

ACTICAL RESPONSE REPORT/Chicago Police Department

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|--|--|---|--|--|--|---|--|-------------------------------|--|
| INFORMATION INVOLVED DNA | 1. DATE OF INCIDENT 25-MAY-2011 | TIME 22:30:00 | 2. ADDRESS OF OCCURRENCE 31 N KILBOURN AVE CHICAGO, IL 60624 | | | | 3. LOCATION CODE 304 | 4. BEAT/CCJRW 1113 | |
| | 5. POSITION 9161 | 6. LAST NAME TOTTAS | 7. FIRST NAME CHRISTOS T | 8. STAR NO. 6708 | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 10. RACE CODE WHI | 11. AGE 601 | 12. HT. 220 | |
| | 14. DATE OF APPT 05-DEC-2005 | 15. EMPLOYEE I.D. 99712 | 16. UNIT & BEAT OF ASSIGNMENT 011 1122 | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | 19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | |
| | 20. LAST NAME JACOBS | | 21. FIRST NAME TIFFANI | 22. M.I. A | 23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F | 24. RACE BLK | 25. C.O.B. 28-MAY-1981 | 26. HT. 505 | 27. WT. 180 |
| | 22. ADDRESS 305 N CENTRAL PARK AVE CHICAGO, IL 60624 | | | 29. TELEPHONE NO. | 30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | 31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | |
| | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL | | | 34. BY WHOM? ER DOCTOR | CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Received Medical Aid | 35. CHARGES PLACED | DNA | 37. CB NO. 18149679 | IR NO. |
| | WEAPON DISCHARGE INCIDENT DNA (Check all that apply) | 36. SUBJECT'S ACTIONS | | ASSAULT:ASSAULT | | ASSAULT:BATTERY | | ASSAULT:DEADLY FORCE | |
| | | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | FLED <input type="checkbox"/> | IMMINENT THREAT OF BATTERY <input type="checkbox"/> | ATTACK WITH WEAPON <input type="checkbox"/> | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> | | | |
| | | STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> | PULLED AWAY <input checked="" type="checkbox"/> | OTHER _____ | ATTACK WITHOUT WEAPON <input type="checkbox"/> | WEAPON <input type="checkbox"/> | | | |
| | | OTHER _____ | OTNER _____ | OTHER _____ | OTHER _____ | OTHER _____ | | | |
| MEMBER'S RESPONSE | | MEMBER PRESENCE <input checked="" type="checkbox"/> | OPEN HAND STRIKE <input type="checkbox"/> | ELBOW STRIKE <input type="checkbox"/> | KNEE STRIKE <input type="checkbox"/> | FIREARM <input type="checkbox"/> | | | |
| | | VERBAL COMMANDS <input checked="" type="checkbox"/> | TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | KICKS <input type="checkbox"/> | OTHER _____ | | | |
| | | ESCORT HOLDS <input type="checkbox"/> | OC CHEMICAL WEAPON <input type="checkbox"/> | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | | | |
| | | WRISTLOCK <input type="checkbox"/> | CANINE <input type="checkbox"/> | OTHER _____ | | | | | |
| | | ARMBAR <input type="checkbox"/> | TASER (Probe Discharge) <input checked="" type="checkbox"/> | | | | | | |
| | | PRESSURE SENSITIVE AREAS <input type="checkbox"/> | TASER (Contact Stun) <input type="checkbox"/> | | | | | | |
| | CONTROL INSTRUMENT <input type="checkbox"/> | TASER (Laser Targeted) <input type="checkbox"/> | | | | | | | |
| | OC/CHEMICAL WEAPON <input type="checkbox"/> | TASER (Spark Displayed) <input type="checkbox"/> | | | | | | | |
| WAUTHORIZATION <input type="checkbox"/> | OTHER _____ | | | | | | | | |
| 39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) | 40. ADDITIONAL INFORMATION SUBJECT WANTED FOR ARMED ROBBERY REFUSED TO SHOW HANDS | | | | | | | | |
| POSITION | STAR NO. | UNIT | | | | | | | |
| 41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN | 42. INCIDENT OCCURRED <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor | 43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | 44. WEATHER CONDITIONS RAIN | | | | | | |
| 45. MAKER/MANUFACTURER | 46. MODEL | 47. BARREL LENGTH | 48. CALIBER/GAUGE | | | | | | |
| 49. TASER DART ID NO. C3100AD10 | 50. WEAPON SERIAL NO. (Induce Letters) X00022250 | 51. CHICAGO GUN REG. NO. | 52. IL FIREARM OWNER ID NO. | 53. HANDGUN CERTIFICATE NO. | | | | | |
| 54. SPECIAL WEAPON CERTIFICATE NO. | 55. PROPERTY INVENTORY NO. | 56. TYPE OF AMMUNITION USED | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1 | 58. TOTAL NO. OF SHOTS MEMBER FIRED | | | | | |
| 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | 61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) | 63. OTHER (Specify) <input type="checkbox"/> 03 OTHER (Specify) | | | | | |
| 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | | | | | 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | | | | | | | |
| 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | | |
| 70. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | | | 71. INFO SIGNATURES INFO 1114517517 HT314758 |
| 73. REPORTING MEMBER (Print Name) TOTTAS, CHRISTOS T 26-MAY-2011 06:44:50 | STAR/EMPLOYEE NO. 6708 | SIGNATURE [Redacted] | DATE REVIEWED 26-MAY-2011 07:06:59 | | | | | | |
| Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | | | | | | |
| 74. REVIEWING SUPERVISOR (Print Name) MURPHY, GERARD T | STAR NO. 924 | SIGNATURE [Redacted] | DATE REVIEWED 26-MAY-2011 07:06:59 | TIME 07:06:59 | | | | | |

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE
 DNA

 REFUSED

 UNABLE TO INTERVIEW (Specify Reason)

Offender undergoing emergency medical treatment at the hospital.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

CL # 1045675 Based upon all information known to me at this time, I have concluded that the Officer's actions were in compliance with Department procedures and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED _____

78. WATCH COMMANDER/OCIC (Print Name)

GULLIFORD, WAYNE M

SIGNATURE

DATE COMPLETED

TIME

26-MAY-2011 07:14:49

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- | | | | |
|--|---|---|--------------------------------|
| <input type="checkbox"/> CASE REPORT | <input type="checkbox"/> SUPPLEMENTARY REPORT | <input type="checkbox"/> I.D.D. REPORT | 80. TOTAL TRR's THIS EVENT No. |
| <input type="checkbox"/> ARREST REPORT | <input type="checkbox"/> OFFICER BATTERY REPORT | <input type="checkbox"/> CR INITIATION REPORT | |

TO/FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

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